



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Elite Healthcare Garland

**Respondent Name**

America First Lloyds Insurance Company

**MFDR Tracking Number**

M4-14-3491-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

July 24, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "The attached date of service, 04/08/2014 has been denied due to 'SERVICE NOT FURNISHED DIRECTLY TO THE PATIENT AND/OR NOT DOCUMENTED. The Treating Doctor recommended that a Team Conference be conducted to review the patient's chart and plan of care. The previous Team Conference was completed 30 days prior to this date of service and was paid in full. I am not understanding why this request is not being considered for payment. All other dates of service have been paid at 100%."

**Amount in Dispute:** \$113.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged received on July 31, 2014. Per 28 Texas Administrative Code §133.307(d)(1), "The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information." The insurance carrier did not submit any response for consideration in this dispute. Accordingly, this decision is based on the information available at the time of review.

**Response Submitted by:** NA

### **SUMMARY OF FINDINGS**

| Dates of Service | Disputed Services       | Amount In Dispute | Amount Due |
|------------------|-------------------------|-------------------|------------|
| April 8, 2014    | Team Conference (99361) | \$113.00          | \$0.00     |

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for billing and reimbursement of Division-specific services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:
- (112) – Service not furnished directly to the patient and/or not documented.
  - CVC – Documentation to substantiate this charge was not submitted or is insufficient to accurately review this charge. Please submit documentation to substantiate charges. (XV41)
  - (B12) – Services not documented in patients' medical records.
  - (193) – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
  - CV: Documentation on the CMS1500 or UB04 is not supported by the information in the medical record. (V298)

### **Issues**

1. Were the disputed services documented properly according to 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to reimbursement?

### **Findings**

1. The dispute involves charges for a team conference held on date of service 4/8/14. 28 Texas Administrative Code §134.204 (e)(2) states, in relevant part, "Team conferences and telephone calls should be **triggered by a documented change in the condition** of the injured employee" [emphasis added]. Review of the submitted documentation does not support that a change in the injured employee's condition triggered the billed team conference. Therefore, the disputed services were not documented properly according to 28 Texas Administrative Code §134.204.
2. Based on the above findings, no further reimbursement is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

|           |   |                        |
|-----------|---|------------------------|
| _____     | _____   | _____                  |
| Signature | Laurie Garnes<br>Medical Fee Dispute Resolution Officer | March 12, 2015<br>Date |

## **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**